



**STARPORT FITNESS
PERSONAL TRAINING INFORMATION FORM**

Date: _____

Date of Birth: _____

Name: _____
Last First MI

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____ (cell) _____

Email Address: _____

Circle One: Civil Servant Contractor: _____

What day(s) are best for you to participate in our personal training sessions? _____
_____ MON _____ TUE _____ WED _____ TH
_____ FRI _____ SAT

What times of day are best for you to participate in our personal training sessions? _____
_____ 6-10 am _____ 10am-2pm _____ 2-6pm _____ 6-10pm

Please describe your training goals, as precisely as you can:

How would you describe your progress in strength and muscular development during the last year?

- _____ Minimal
- _____ Some but less than expected
- _____ Inconsistent
- _____ Good
- _____ Excellent



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PERSONAL LIFESTYLE
ASSESSMENT FORM



1. Describe your current weight training program, i. e., how long does each workout last, what exercises do you do each day, how many repetitions and sets do you do for each movement, how much weight do you use per set, how q do you perform each repetition

(NOTE: If you'd like to send copies of some training logs instead of or in addition to the information you provide here, please feel free to do that.)

Day	Training Description	
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

2. What part(s) of your current weight training program do you **like the most**?

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3. What part(s) of your current weight training program do you **like the least**?

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4. On a scale of 1 - 7, where 7 means VERY SURE and 1 means VERY UNSURE, how sure are you that you can make gains in strength and muscular development?

1	2	3	4	5	6	7
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5. Describe your current aerobics training program, i. e., how long does each workout last, what exercises do you do each day, how many repetitions and sets do you do for each movement, how much weight do you use per set, how quickly do you perform each repetition.

(NOTE: If you'd like to send copies of some training logs instead of or in addition to the information you provide here, please feel free to do that.)

Day	Training Description
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

6. What part(s) of your current aerobics program do you **like the most**?

7. What part(s) of your current aerobics program do you **like the least**?

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8. On a scale of 1 - 7, where 7 means VERY SURE and 1 means VERY UNSURE, how sure are you that you can make gains in your cardiovascular fitness?

1	2	3	4	5	6	7
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9. In addition to the training you've already described, do you also....

Participate regularly in any sport or recreational activities? _____ YES _____ NO
Have a physically demanding job? _____ YES _____ NO

10. If you have any physical problems or limitations, chronic ailments or injuries that may affect your ability to train, please describe those here:

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11. Please tell me what you eat in a normal day:

Breakfast	
Lunch	
Dinner	
Snacks	

About how many calories do you consume during a normal day? _____

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12. What supplements, including vitamins, herbs, etc., do you take regularly?

13. What are your normal sleep patterns, e. g., about how many hours do you sleep each night, do you have regular sleep/wake times?

14. Do you smoke or chew tobacco? _____ YES _____ NO

If yes, how much? _____

15. Do you drink alcohol, including beer and wine? _____ YES _____ NO

If yes, how much? _____

16. Are there any unusual stresses in your life that may affect your training, e. g., frequent

business travel, shift work, family responsibilities? If so, please describe those here: